

DECLARATION AND POWER OF ATTORNEY

Atty. Dkt. No.: 3196-000161

DECLARATION

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name,

I believe that I am the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OIL SEAL JOURNAL TEXTURING AND METHOD THEREOF

the specification of which (check one)

- ☒ is attached hereto.
or
☐ was filed on _____ as Application Serial No. or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)				
APPN. SERIAL NO.	COUNTRY	DATE FILED (MM/DD/YYYY)	PRIORITY CLAIM	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Variable	Mean	SD	Min	Max
Age	38.5	12.5	25	65
Gender	0.5	0.5	0	1
Marital status	0.7	0.5	0	1
Education	12.5	2.5	9	16
Income	1500	500	500	3000
Health status	0.8	0.4	0	1
Stress level	3.5	1.5	1	5
Life satisfaction	4.0	1.0	1	5
Work satisfaction	3.8	1.2	1	5
Family satisfaction	4.2	1.1	1	5
Community satisfaction	3.9	1.3	1	5
Overall satisfaction	4.1	1.0	1	5

POWER OF ATTORNEY

CORRESPONDENCE ADDRESS

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Full name of sole or first inventor: Oprea Duta

Inventor's signature: *Oprea Duta*

Date: 11/21/01

Residence: 23 Fischer Lane, Fort Thomas, KY 41075

Citizenship:

Mailing Address: 23 Fischer Lane, Fort Thomas, KY 41075

Full name of second joint inventor, if any: Scott Moulis

Inventor's signature: *Scott Moulis*

Date: 11/21/01

Residence: 4002 Windsong Dr., Maysville, KY 41056

Citizenship: United States of America

Mailing Address: 4002 Windsong Dr., Maysville, KY 41056

Full name of third joint inventor, if any: Robert A. Bauer

Inventor's signature: *Robert A. Bauer*

Date: 11-26-01

Residence: 29 Glenridge Dr., Cold Spring, KY 41076

Citizenship: United States of America

Mailing Address: 29 Glenridge Dr., Cold Spring, KY 41076

Full name of fourth joint inventor, if any: Michael L. Lewis

Inventor's signature: *Michael L. Lewis*

Date: 11/21/01

Residence: 461 Jersey Ridge, Maysville, KY 41056

Citizenship: United States of America

Mailing Address: 461 Jersey Ridge, Maysville, KY 41056

Full name of fifth joint inventor, if any:

Inventor's signature: _____

Date: _____

Residence:

Citizenship:

Mailing Address:

CONFIDENTIAL